

ISSUE SLIP STAPLE AREA (for additional cross reference)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		2-2-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	EL @	60195 64931	3/14/00 32000
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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